

Nashville, TN 37243

Email to: DIDD\_Business.Services@tn.gov

# DEPARTMENT OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

# **BACKGROUND & FINGERPRINT REIMBURSEMENT**

gency: Ag		gency # Site #		Region:	
Invoice Month/Day	/Year:				
	E	BACKGROUND & FING	GERPRINTING CHECK	KS .	
Description (Criminal/Fingerprint)	Employee Initials (First, Middle, Last)	Private Investigator / TBI	Invest. TN License #	PI Agency Rate Charged	Total Reimbursable Amount Due
Authorized Signature	(Print):		Total Reimburs	sement Request: \$	
Phone Number:		Email:			
Date Submitted:					
Mail to: DIDD Business S			e <b>ase Note:</b> This reimbu a. Must ir	rsement form	cumentation

- b. Will not be reimbursed for amounts over \$50 per criminal background check\$48 per fingerprint background check
- c. Duplicate page if more space needed
- d. New hires only, must have worked at least 2 hours
- e. Minimum state background search
- f. Reimbursement request must be received within three (3) months of background check date
- g. DIDD will reimburse criminal background checks **or** fingerprint checks
- h. Use separate form for each invoice date



# DEPARTMENT OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

# BACKGROUND & FINGERPRINT REIMBURSEMENT INSTRUCTIONS

#### **AGENCY**

Fill in agency that is requesting the reimbursement.

#### **AGENCY #**

This is a 4 digit number that is assigned by DIDD that can be found on the ACR if previous reimbursements have been processed.

#### SITE#

This is the agency's ancillary site code (X code).

**REGION** Please use either: E = East, M = Middle, or W = West

(If submitting reimbursement requests for more than one region, please use a separate reimbursement form for each region.)

#### **INVOICE MONTH/DAY/YEAR**

This should be the invoice date that the checks were completed (needs to correspond to attached documentation.)

#### **DESCRIPTION**

List the type of check performed – C = Criminal **OR** F = Fingerprint.

#### **EMPLOYEE INITIALS**

Include all three initials of the employee on whom the check was performed.

#### PRIVATE INVESTIGATOR/TBI

This is the agency that performed the check, i.e. private background agency. Fingerprint checks will still be done by the TBI, but you will have to submit documentation for reimbursement.

#### INVESTIGATOR TENNESSEE LICENSE #

The private investigator or investigator agency must be licensed in the State of Tennessee for the claim to qualify for reimbursement. The valid license number can be found at <a href="http://verify.tn.gov/">http://verify.tn.gov/</a>.

#### PI AGENCY RATE CHARGED

This is the amount that you were charged per background check. DIDD will only reimburse up to \$50 for criminal background or \$48 for fingerprint.

# TOTAL REIMBURSABLE AMOUNT DUE

This should be the total amount requested for each employee to be reimbursed by DIDD.

#### **AUTHORIZED BY**

This must be the **printed** name of the preparer.

### **TOTAL REIMBURSEMENT REQUEST**

Enter the total for the entire form.

## **PHONE NUMBER**

This is the number at which DIDD may contact the preparer of the form.

# **EMAIL**

This is the email address at which DIDD may contact the preparer of the form.

### **DATE SUBMITTED**

This is the date that the form was prepared.

You may mail your billing to the address below:

DIDD

You may submit your billing electronically to

DIDD\_Business.Services@tn.gov

**or** Business Services

400 Deaderick Street, 9<sup>th</sup> Floor

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